				31d
Revision:	HCFA-PM-91- 1991	(BP	D)	OMB No.: 0938-
		State:	Colorado	
Citation 1902(a)(52 and 1925 o the Act		<u>Fam</u> (a)	Services p 6-month pe of the Act services p described	rovided to families during the first riod of extended Medicaid benefits under Section 1925 are equal in amount, duration, and scope to rovided to categorically needy AFDC recipients as in ATTACHMENT 3.1-A (or may be greater if provided caretaker relative employer's health insurance plan).
		(b)	Services p	rovided to families during the second 6-month period d Medicaid benefits under section 1925 of the Act
			<u> </u>	Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in <u>ATTACHMENT 3.1-A</u> (or may be greater if provided through a caretaker relative employer's health insurance plan).
)				Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:
				Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
				Medical or remedial care provided by licensed practitioners.

Home health services.

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nevision:	HCFA-PM-91- 1991	(BPD)	OMB No.: 0938-
	St	ate: <u>Colorado</u>	
<u>Citation</u>	3.5	Families F (Continued	Receiving Extended Medicaid Benefits
			Private duty nursing services.
			Physical therapy and related services.
			Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
)			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

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Revision:	HCFA-PM-91- 1991	(BPD)		OME	3 No.:	0938-
	Stat	e: <u>Color</u>	ado			
Citation	3.5	Families (Continue	Receivin d)	g Extended Medicai	d Benef	<u> </u>
	(c) <u>/</u>	offere	ibles,	ys the family's pre coinsurance, and si e caretaker's emplo	imilar	enrollment fees, costs for health plans payments for medical
				1st 6 months		2nd 6 months
			The ag health	ency requires caret plans as a conditi	takers ion of	to enroll in employers' eligibility.
				1st 6 mos.		2nd 6 mos.
	(d) <u>/</u>	<u> </u>	during	the second 6-month	n period	sistance to families d of extended Medicaid alternative methods:
				Enrollment in the health plan.	family	option of an employer's
				Enrollment in the employee health pl	family lan.	option of a State
				Enrollment in the uninsured.	State	health plan for the
				organization (HMO)	with ant Med	e health maintenance a prepaid enrollment of icaid recipients (except edicaid).

TN No. 92-1 Supersedes Approval Date	4992	Effective Date	10/1/91
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κevision: HCFA-PM-91-1991 (BPD)

OMB No.: 0938-

State: Colorado

Citation

3.5 <u>Families Receiving Extended Medicaid Benefits</u> (Continued)

<u>Supplement 2 to ATTACHMENT 3.1-A</u> specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
 - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 92-1
Supersedes Approval Date 492
No. 90-11

Effective Date _____10/1/91

HCFA ID: 7982EII